ACGME Survey Interpretation Worksheet

Purpose: To help programs and GME offices interpret survey data objectively, identify patterns, and capture contextual notes for GMEC review or discussion.

Program Information

Program Name:

Date of Review:

Participants:

Section 1 – Identify Key Data Points

Survey Domain	Program Mean	National Mean	Difference	Trend vs. Last Year	Notes	

Section 2 – Patterns & Context

• Which domains show consistent strength?

• Which domains show emerging concern?

• What institutional or rotation factors may explain the variation?

• How do these results align with prior years or site visit feedback?

Section 3 – Narrative Summary

Summarize overall themes, tone, or patterns (2–3 sentences). Include supporting evidence from evaluations or internal surveys.

Section 4 – "Before Sharing" Reflection

• How might these results be framed constructively?

• What clarifying data might be helpful before wider distribution?

• Who should be part of the initial interpretation meeting?

This worksheet is designed for use before broader discussion. For structured post-survey planning, see Part 2 – Survey Action Planning Template (January Insight Post).

Purpose: To help programs and GME offices interpret survey data objectively, identify patterns, and capture contextual notes for GMEC review or discussion.

Program Information

Program Name: Example Residency Program
Date of Review: November 2025
Participants: Program Director, APD, Coordinator, GME Office Representative

Section 1 – Identify Key Data Points (Sample Data)

Survey Domain	Program Mean	National Mean	Difference	Trend vs. Last Year	Notes
Faculty interest in resident education	3.4	4.1	−0.7	↓ (−0.2)	Residents describe variability in faculty teaching engagement, especially on night float and ambulatory rotations.
Quality of feedback	3.8	4.2	−0.4	↑ (+0.1)	Slight improvement after introducing structured feedback cards.
Supervision and patient safety	4.5	4.4	+0.1	↔	Consistent strength; no major changes.
Faculty accessibility	3.9	4.3	−0.4	↓ (−0.1)	Lower scores linked to increased patient volume and reduced office time for core faculty.

Section 2 – Patterns & Context (Sample Narrative)

Consistent strengths remain in supervision and patient safety, suggesting a strong clinical oversight culture. However, downward trends in faculty interest and accessibility appear across several rotations, particularly ambulatory blocks where clinical productivity pressures are highest. Faculty feedback corroborates these findings, noting limited time for precepting and lack of recognition for teaching activities.

Section 3 – Narrative Summary

Resident satisfaction with faculty teaching and accessibility has declined slightly for the second consecutive year. Improvement efforts implemented last cycle (structured feedback cards) yielded modest gains in feedback quality but did not address the root issue of faculty time allocation. Patterns indicate this is an institutional rather than program-specific challenge, warranting review of faculty protected time and departmental expectations.

Section 4 – "Before Sharing" Reflection

- Frame results around opportunities for faculty development and institutional support rather than individual performance.
- Collect rotation-specific comments for more targeted discussion.
- Share initial interpretation with the Program Director, APD, and GME Office before broader faculty review.